

**United States Department of Justice  
Justice Management Division  
Telework Request Form  
(Bargaining Unit Employees)**

**Name** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

**Job Title/  
Grade** \_\_\_\_\_

**Component  
(Division/Branch/  
Section/Unit)** \_\_\_\_\_

**Type of Telework Request**

- Core – Work performed at an alternate worksite on a routine, regular, and ongoing basis.
- Situational – Work performed at an alternate worksite for a short time period as needed
- COOP – Continuity of Operations Plan (COOP)

**Official Duty  
Station  
Address** \_\_\_\_\_

**Alternate  
Worksite  
Address** \_\_\_\_\_

**Alternate Work Address (check one):**       Home     Telework Center     Other: \_\_\_\_\_

**Agreement Period**      From (date) \_\_\_\_\_      To (date) \_\_\_\_\_

**Designated Telecommuting Work Area**

Describe the designated work area below, if home or “other” site. The work area must be a specific room or portion of a room at the alternate worksite that is designated for the performance of the employee's official duties. The employee must ensure that a proper work environment is maintained (e.g. dependent care arrangements do not interfere with the work, personal disruptions such as non-business telephone calls and visitors are kept to a minimum, etc.) The employee should understand that the home office is just that, a space set aside for the employee to work and family responsibilities must not interfere with work time at home.

**Tour of Duty**

For the duration of the agreement period, the employee will work the hours of duty specified below unless a change is mutually agreed to by the employee and the supervisor. The employee is expected to be either at the official duty station or the alternative worksite during the employee’s designated hours of duty, except when on approved leave.

	Traditional Worksite		Alternate Worksite		Total Hours
	Start Time	Stop Time	Start Time	Stop Time	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
				<b>Total Hours:</b>	

**How will your telework arrangement sustain or enhance you and your organization's ability to get the job done?**

Make the business case for your proposed telework schedule. How will you get your job accomplished as well or better with your proposed telework schedule?

**Discuss the potential problems that your telework arrangement could create and how you suggest overcoming them with: a) customers; b) co-workers; c) your supervisor; and d) others (if applicable).**

**The employee and supervisor have read and agreed to the terms and conditions of the DOJ Telework Program governing pay, leave, travel, work assignments, performance, facilities, equipment, injury on the job, security, and termination of the telework agreement as detailed in Attachment A. Bargaining Unit Employees should also refer to the Memorandum of Understanding between JMD and AFSCME Local 3097 on the Flexible Work Schedule Program Plan.**

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Immediate Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMMEDIATE SUPERVISOR'S RECOMMENDATION**

The employee and the supervisor have discussed this telework request. At this time, the telework request is:

- Recommended for approval
- Recommended for approval with modification (please describe): \_\_\_\_\_  
\_\_\_\_\_
- Recommended for disapproval (state reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR'S SIGNATURE**

**DATE:**

**APPROVING OFFICIAL'S DECISION**

Level of approval will be consistent with Agency policy and procedures

- Approve
- Disapprove

**APPROVING OFFICIAL'S SIGNATURE AND TITLE**

**DATE:**